

FY 2012-2013 Open Enrollment

Frequently Asked Questions

IMPORTANT: This is an “Active Enrollment”. All benefits-eligible employees must access the Benefit Enrollment System to make their benefit elections for FY 2012-2013 or to waive coverage. .

GENERAL QUESTIONS

1. I have not received my Open Enrollment material at home. What should I do?

The only Open Enrollment material being mailed to your home address is a Worksheet that will assist you when entering your benefit elections into the ADP Benefit Enrollment System. Worksheets are being mailed from Salt Lake City, UT on Monday, April 9, 2012, to your home address on file in the ADP system as of March 26, 2012. You should receive the Worksheet by April 13, 2012. A copy of the Worksheet is also available on the Employee Benefits home page, under the Open Enrollment tab. It is not necessary for you to have your Worksheet in order to access the ADP portal and enroll in your benefits for the 2012-2013 Plan Year.

Open Enrollment materials, including the “*What’s New*” booklet, are available online on the Employee Benefits Web site. The internal site is located on the Electronic Business Center (EBC) Intranet at ebc.maricopa.gov/ehi. The external site is located on the Internet at www.maricopa.gov/benefits.

2. I cannot remember my User ID and Password to access the ADP portal. What should I do?

Access the ADP portal at <https://portal.adp.com> and click on the ‘*Forgot my User ID*’ or ‘*Forgot my Password*’ links for assistance.

If you have followed the instructions on the ADP Portal and are not able to retrieve either your User ID or your Password, you should contact the OET Customer Care Center at (602) 506-4357 (6HELP) for assistance.

Please do not contact the Employee Benefits Division because they do not have a record of your User ID or Password.

3. What happens if I do not make any elections during Open Enrollment?

- All employees will be automatically defaulted into the Cigna Medical Group, Co-Insurance, and Behavioral Health Plans, with employee-ONLY coverage, even if you are currently waiving coverage. If you do not want to be enrolled in these plans and want to select a different plan and add your dependents, or if you want to waive coverage, you will need to complete the online enrollment process through the ADP Benefit Enrollment system.
- Current dental elections will roll over to the new plan year.

The vision plan will no longer be bundled with the medical plan option. All employees will be defaulted to “waive vision coverage.” You must make a new election for vision coverage, for yourself and any eligible dependent.

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- To receive the health and wellness premium reductions on your 2012-2013 monthly medical premium, you must complete the Biometric Screening and Health Assessment by April 21, 2012. Then when making your elections in the ADP Benefit Enrollment System, you will be able to indicate that you completed these in order to receive your premium reductions. Your prior elections will not carry over to the new Plan Year. **Please note: if you are a new Cigna plan enrollee, you will not be able to complete your online Health Assessment until after July 1st.** As long as you complete it by August 15, 2012, you will be eligible for a premium reduction credit retroactive to July 1, 2012.
- If you completed the saliva testing for nicotine presence for the 2011-12 Plan Year, you do not need to complete it for the 2012-13 Plan Year. However, when making your elections in the ADP Benefit Enrollment System, you will need to indicate whether or not you completed this test for the 2011-12 Plan Year and you will need to answer the question regarding your tobacco use status and that of your covered dependents. New employees and employees who quit smoking and have been tobacco-free for six months and want to receive the Non-Tobacco User Premium Reduction will be required to complete and pass the saliva test. If you pass the saliva test and if all your covered dependents have not used tobacco products for the past six months, you will qualify to save up to \$480 annually as an incentive for being tobacco-free.
- To participate in the Health Care FSA, Dependent Care FSA, or Limited Use FSA, you will need to re-enroll for the 2012-2013 Plan Year. Your previous elections will not carry over into the new Plan Year.
- HSA current year elections will not carry over. New elections must be made.
- Current group legal, life insurance and short-term disability elections will carry over to the new plan year.

5. Can I add or drop dependents during Open Enrollment?

Yes, you may drop dependents during Open Enrollment or add those who meet all eligibility requirements. When you add a dependent, an independent auditing group retained by Maricopa County will contact you to request documentation as proof that your dependent is eligible for coverage. Failure to submit such documentation by the required deadline will result in your dependent being dropped from coverage and you will be liable for the cost of any incurred claims. The audit applies to all dependents added to coverage.

6. What medical benefits changes are taking place for the new Plan Year?

Maricopa County is consolidating its medical plans from six plans to three. There will also be premium, co-pay, co-insurance and other program changes. It is very important that you review the changes so that you make informed benefit election decisions for the new plan year.

Information can be found on the Benefits Website at www.maricopa.gov/benefits or <http://ebc.maricopa.gov/ehi>.

7. What pharmacy benefit changes are taking place for the new Plan Year?

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The Consumer Choice Pharmacy Plan currently administered by Catalyst Rx (formerly WHI) will be eliminated. Allowances provided by the County to be applied towards the purchase of prescription drugs will no longer be available as of July 1, 2012. Employees who enroll in the CMG or OAP Plan will have the Co-insurance Pharmacy Plan administered by Catalyst Rx. Those who enroll in the Choice Fund Medical Plan with HSA will have the Cigna Pharmacy Plan.

8. What short-term disability changes are taking place for the new plan year?

Maricopa County will continue to offer three salary replacement options (40%, 50%, and 60%) under the Short-term Disability Plan. The waiting period for STD benefits has changed to the following:

Three-week waiting period or first day of hospitalization

9. Why do some premiums increase?

Healthcare and pharmaceutical costs continue to rise year after year. While Maricopa County makes every effort to contain these costs and still offer a comprehensive benefits package to its employees at the lowest cost possible, increases to out-of-pocket costs are necessary in order to continue to offer the services employees value. Keep in mind that preventive medical services are still free. Most employees will see either a reduction in premiums or an increase of \$10 or less. Premium reductions for completing the Biometric Screening, Health Assessment, and for being a Non-Tobacco User are available to help offset the cost of your monthly medical premium.

10. Do deductibles count towards my out-of-pocket maximum?

Except for the Choice Fund Medical Plan, deductibles do not count towards your out-of-pocket maximum. Please refer to the “*Know Your Benefits*” booklet on the Benefit Home Page for more information about how the deductibles and out-of-pocket maximums work.

11. What is the impact of the new Health Insurance Reform Bill on my benefits?

Because Health Care Reform will limit the Health Care FSA annual limit to \$2,500 effective January 1, 2013, Maricopa County will implement this change effective July 1, 2012 to ensure compliance with the new law and to avoid any potential over-contribution by employees in calendar year 2013. This change includes , the General Purpose and Limited Use FSAs, which allow for reimbursement of eligible medical expenses.

12. I am leaning towards enrolling in the Choice Fund Medical Plan with the Health Savings Account, but would like more information about how it works. Where can I find that information?

There are several resources available to you on the Employee Benefits Web site regarding the Choice Fund Medical Plan and HSA. They are:

- The “*Know Your Benefit’s*” booklet
- HSA FAQ’s

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You may also visit www.mycignaplans.com, which offers information and a comparison of all medical plans, including the HSA. To access the site, the Username is MaricopaCounty2012 and the Password is: cigna (*all lower case*).

13. If I enroll in a Flexible Spending Account and choose to have a certain amount set aside every pay period, can I change that designated amount after Open Enrollment has closed (sometime during the benefit plan year)?

Flexible Spending Account (FSA) elections and contribution amounts cannot be changed after the close of Open Enrollment. The exception is if you have a qualifying event (such as birth or marriage) during the plan year and that event is consistent with changing the amount of your FSA election. For example, if the qualifying event is a birth, then that event would be consistent with needing to increase (but not to decrease) the FSA amount.

14. Is the total amount of my contributions to the Flexible Spending Account available immediately, or can I only submit claims for the balance currently accrued in my account?

For the Health Care Flexible Spending Account, the full amount of your pledged annual contribution is generally available for use at the beginning of the plan year. There are some specific rules regarding payment for orthodontia expenses.

For the Dependent Care Flexible Spending Account, only contributions which have accrued in your account are available for use.

15. If I am currently waiving benefits because I am covered under my spouse's insurance, what do I need to do to continue to waive medical coverage?

All employees will be automatically enrolled in the Cigna Medical Group, Co-Insurance Pharmacy Plan & Behavioral Health coverage. Employees must 'opt-out' or waive coverage if they do not want to be automatically enrolled in coverage and be required to pay premiums for that coverage.

16. How do I find the locations for the Convenience Care Clinics where I can receive services at the reduced primary care copayment through my county sponsored Cigna plan?

Use the following link to find the most up-to-date list of the CIGNA Convenience Care Clinics: <http://cigna.benefitnation.net/cigna/docdir.aspx>.

17. How do I find the locations for the Take Care Clinics where I can receive services with a reduced primary care copayment?

Use the following link to find the most up-to-date list of the Take Care Clinic locations: <http://takecarehealth.com/locations.aspx>

18. What happens if I don't complete the Biometric Screening by the April 21, 2012 deadline?

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Biometric Screenings will be available at the Cigna CareToday walk-in clinic located at 102 N. Central Ave., Phoenix, AZ, for employees who decide they want to participate after Open Enrollment ends. You will be able to qualify for the premium reduction, but the effective date of the premium reduction may be prospective depending on the date the screening is completed.

19. Will I be subject to the Dependent Audit again this year?

Added dependents will be subject to audit for the 2012-13 plan year. You will be notified of the audit by letter after July 1, 2012. The letter will contain instructions on how to provide documentation to verify your dependent's eligibility. Failure to respond to the audit within the specified timeframe will result in your dependent being dropped retroactively from coverage. You will be responsible for the cost of all claims and administrative costs paid or incurred for your dependent during this period of ineligibility.

20. Will I get new ID Cards for the plans that I enroll in?

New ID Cards will be issued for the following plans only, unless you are a new enrollee in a plan.

- **Cigna**- all enrollees will receive new ID cards, and each member will have an individual ID Card. Cigna can only mail a certain number of cards per envelope, so, they may come in separate envelopes
- **Catalyst Rx**- all enrollees will receive new ID cards. Two cards per family will be issued with all covered family members listed on the card.
- **EyeMed**- only new enrollees will receive ID cards.
- **Delta Dental**- only new enrollees will receive ID cards.
- **Cigna Dental**- does not issue any ID cards to current or new enrollees. An information card can be printed from the Benefit Home Page under the Dental tab.
- **EDS Dental**- only new enrollees will receive ID cards.
- **Health Care and Limited Use FSA Debit Card**- only new enrollees will receive a new debit card.
- **HSA Debit Card**- only new enrollees will receive a new debit card.

Disclaimer: These FAQs are intended to provide brief and general information about Maricopa County benefits. Specific eligibility and coverage requirements are not covered in these FAQs. For more in-depth information, please refer to the *What's New* or, the *Know Your Benefits* booklets, or the Official Plan documents. If there is a discrepancy between the information provided in these FAQs and the Official Plan documents, the Official Plan documents govern.